



200 Howell Avenue, Riverhead, NY 11901  
631-727-3200

**Long Island Unified Solar Permit Initiative**  
***Solar Energy System Fast Track Permit Application***

**Requirements for Application Submittal**

Before approval and issuance of permit(s) for a grid-tied Photovoltaic system (PV) or Residential Solar Hot Water system (RSHW), the applicant shall submit:

**1. Solar Energy System Fast Track Permit Application Requirements Checklist**

**2. Three (3) sets of plans which include:**

- Cover Sheet must include the following: (a) Project address, map, section, block and lot # of the property; (b) Owner's name, address, phone number, (c) Name, address and phone number of the person preparing the plans;
- Sheet index indicating each sheet title and number;
- Legend for symbols, abbreviations and notations used in the drawings;
- Configuration diagrams prepared by a Professional Engineer or Registered Architect which are sketched (hand-drawn or better) as follows:
  - **Roof Diagram** depicting modules or collectors and racking configuration on designated surface(s) to scale and dimensioned. The diagram should include any 18" clearance/access required as noted in the Fast Track Permit Requirements Checklist criteria
  - **Equipment Location Diagram** indicating the location(s) of the (1) modules or collectors; (2) main electrical service; (3) inverter(s); (4) the location of all equipment disconnects on the outside of the structure (i.e. A/C disconnect); (5) any interior equipment locations
  - **One line standard electrical diagram**
- Property Survey

**3. Solar Energy System Fast Track Permit Application Information Sheet**

## Solar Energy System Fast Track Permit Application Requirements Checklist

This form may be used for planned Photovoltaic (PV) & Residential Solar Hot Water Panel (RSHW) installations that meet the following criteria (check one for each criterion):

- ☐Yes ☐No Solar installation is not subject to review by an Architectural or Historical Review Board.
- ☐Yes ☐No Solar installation is to be mounted on a permitted roof structure of a residential building, or on a legal accessory structure. If on a legal accessory structure, a survey showing said structure is attached.
- ☐Yes ☐No The roof will have no more than a single layer of roof covering in addition to the solar equipment. *[At its discretion, a municipality may waive this requirement.]*
- ☐Yes ☐No Installation will be flush-mounted, parallel to and no more than 6" above the roof surface.
- ☐Yes ☐No An 18" wide clearing (free of solar equipment) will be provided along at least one side of the roof ridge either on the same side as the solar equipment or on another side of the ridge that does not have solar equipment on it. In addition, an 18" wide pathway (free of solar equipment) will be provided from at least one eave or gutter connecting to that 18" roof ridge clearing.
- ☐Yes ☐No Weight of the installed system will not exceed more than 5 lbs per square foot for photovoltaics and no more than 6 lbs per square foot for residential solar hot water.
- ☐Yes ☐No The Solar Installation Contractor complies with all licensing and other requirements of the jurisdiction and is named on the pre-screened installer lists on the LIPA website.
- ☐Yes ☐No The proposed equipment is certified under UL 1703 (PV) or has an OG-100 (RSHW) rating from the Solar Rating and Certification Corporation. Inverters used are listed on the NYS Public Service Commission list of type-tested certified interconnection equipment.
- ☐Yes ☐No PV modules and combiner boxes are identified by the manufacturer for use in grid-tied PV systems.
- ☐Yes ☐No The project will comply with current NEC requirements including Article 690 Solar Photovoltaic (PV) Systems.
- ☐Yes ☐No The mounting system has been approved for use in New York State by a licensed professional engineer or registered architect.

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**Property Owner's Name**

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**Date**

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**Solar Installer's Name**

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**Property Owner's Signature**

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**Date**

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**Solar Installer's Signature**

# Solar Energy System Fast Track Permit Application Information Sheet

1. Property Address: \_\_\_\_\_

2. Is this ☐ a grid-tied photovoltaic (PV) or ☐ a Residential Solar Hot Water (RSHW) system? (Check One)

3. Provide the total system capacity rating (sum of all panels)

PV System: \_\_\_\_\_ DC kilowatts

RSHW System: \_\_\_\_\_ square foot gross area; \_\_\_\_\_ kBTU/day (Clear C) per SRCC OG-100 label(s).

4. Solar Installation Contractor:

Business Name & Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

License Number(s) \_\_\_\_\_

5. What is the existing roofing material? \_\_\_\_\_

6. Provide a letter from a Professional Engineer or Registered Architect certifying that the existing structure can support the additional gravity and wind loads of the solar energy system.

7. Provide an installation manual (or the internet address of a web-based version) for the mounting system.

8. Indicate type, brand and model size and weight including manufacturer's specification sheets of the:

Mounting System: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Mounting Method \_\_\_\_\_

Inverters: \_\_\_\_\_

Quantity \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Modules: \_\_\_\_\_

Quantity \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

\_\_\_\_\_  
**Property Owner's Name**

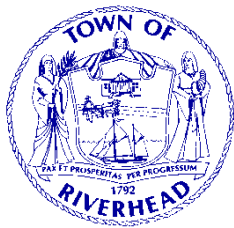
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Solar Installer's Name**

\_\_\_\_\_  
**Property Owner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Solar Installer's Signature**



**Town of Riverhead Building Department**  
**201 Howell Avenue, Riverhead, New York 11901**  
(631) 727-3200 Ext. 213, 268, 283  
Fax: 631-208-8039  
[www.riverheadli.com](http://www.riverheadli.com)

Sharon E. Klos  
Building Permits

Richard E. Gadzinski  
Electrical Inspector

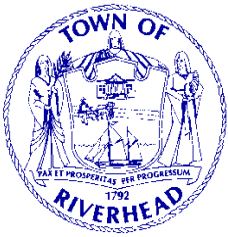
Richard Podlas  
Inspector

Mark Griffin  
Inspector

Jack Wherry  
Inspector

### **Requirements for a Solar Energy Permit**

1. Two (2) Page Building Permit Application (signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Electrical Application with Dark Skies Compliance Acknowledgement, if applicable (signed and notarized) Please review Outdoor Lighting Code, Chapter 108-246;
4. Three (3) surveys, one with Health Department Approval when required, showing location of project on premises;
5. Two (2) sets of signed and sealed building plans by a licensed Architect or Engineer for Fast Track application, two sets plans/specs for standard application.
6. Proof of Liability Insurance (Accord form, 2,000,000./1,000,000.min.), Worker's Compensation Insurance Form C-105.2, & Disability Insurance form DB 120.1. showing the property owner and property location.
7. Fee is determined based on Chapter 52 of the Town Code; \$50.00 for fast track application and \$150.00 for standard application.
8. The processing of application begins when the fee is paid.



# APPLICATION FOR BUILDING & ZONING PERMIT

201 Howell Avenue, Riverhead, New York 11901  
631-727-3200 ext. 213, 268 and 283 Fax: 208-8039  
[www.riverheadli.com](http://www.riverheadli.com)

Tax Map # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Application No. \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Receipt \_\_\_\_\_

Approved by \_\_\_\_\_ Zoning District \_\_\_\_\_ Building Fee \$ \_\_\_\_\_ Electrical Fee \$ \_\_\_\_\_

All information below to be filled out by applicant. A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. This application is to be submitted accompanied by building plans drawn to scale in duplicate, showing elevations, floor plans, run and size of joists, rafters, girders, details of footings and foundation, schematic of plumbing and electrical layouts and grade and species of lumber and quality of all material where applicable.

## THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

## Property Location of *Proposed Work*

**CONTACT PERSON** (if different from owner) The person responsible for the supervision of the work insofar as the Building Code and the Zoning Ordinance apply is:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

☐ Residential - Estimated value of proposed construction \$ \_\_\_\_\_

☐ Commercial - Estimated value of proposed construction \$ \_\_\_\_\_

☐ Single Family Residence

☐ Manufactured/Modular Home

☐ Excavation/Land clearing: approx \_\_\_\_\_ cu.yds. removed

☐ Addition

☐ Alteration

☐ Accessory Structure

☐ Swimming Pool

☐ Deck

☐ \_\_\_\_\_ Car Attached/Detached Garage

☐ New Commercial Structure

☐ Bulkhead/ Dock

☐ Demolition

☐ Agricultural Worker Housing

☐ Condominium

☐ Use Permit \_\_\_\_\_

☐ Miscellaneous \_\_\_\_\_

## Pool Specifications (if applicable)

☐ In ground

☐ Above ground

☐ Hot tub/spa

☐ Heater \_\_\_\_\_

Electric/Gas

# APPLICATION FOR BUILDING & ZONING PERMIT

Please describe project and/or special conditions:

ZONING SPECIFICATIONS: Fill in for new building, or addition to existing building or a change of occupancy. Indicate on the plot plan in triplicate, street names, the location and size of property, the location and setbacks of proposed buildings and existing buildings. Show proposed buildings in dotted lines and existing buildings in a solid line. All distances are measured from property line to nearest part of building. **All work must be in compliance with the New York State Building Code and Fire Prevention Code.**

Proposed building \_\_\_\_\_ sq. ft.

Proposed addition \_\_\_\_\_ sq. ft.

Ground floor \_\_\_\_\_ sq. ft.

Number of bedrooms \_\_\_\_\_

Second floor \_\_\_\_\_ sq. ft.

Garage \_\_\_\_\_ sq. ft.

Height (from grade to ridge) \_\_\_\_\_ ft.

Impervious surface \_\_\_\_\_ %

Electrician: \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Plumber: \_\_\_\_\_ License# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor: \_\_\_\_\_ License# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## AFFIDAVIT

Town of Riverhead)  
County of Suffolk) s.s.  
State of New York)

I swear that to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Ordinance, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner.

Sworn to be before this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_  
Owner, Agent or Architect

\_\_\_\_\_  
Notary Public, Suffolk County, New York

**Read this document carefully.  
You may consult your attorney before completing.**

**Disclosure Affidavit**

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

I, \_\_\_\_\_ an applicant for  
the following relief: \_\_\_\_\_ and being duly  
(Type of Permit)  
sworn, deposes and says:

That I make and complete this affidavit under the penalty of perjury and swear to the truth thereof.

That I understand that this affidavit is required by Section 809 of the General Municipal Law and that a  
knowing failure to provide true information is punishable as a misdemeanor. Being so warned, I state:

That \_\_\_\_\_ is a State Officer, is an officer or employee of Riverhead  
(Name of Relative)  
Town, and:

☐ ***Check here if not applicable (i.e., you have no relative working for the Town of Riverhead.)  
and please sign below before a notary public.***

**That this person has an interest in the person, partnership or association requesting the above stated relief.**

That for the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant where he, his spouse, or their brothers, sisters, parents, children, grandchildren or the spouse of any of them.

- a. is an applicant,
- b. is an officer, director, partner or employee of the applicant,
- c. legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association, applicant, or
- d. is a party to an agreement with such an application, express or implied whereby he may receive any payment or other benefit, whether or not for services rendered, dependant or contingent upon the favorable approval of such application, petition or request.
- e. That ownership of less than five (5) per cent of the stock of a corporation whose stock is listed on the New York or American Stock Exchange shall not constitute an interest for the purpose of this section.

\_\_\_\_\_  
(Signature)

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

***Town of Riverhead  
Building Department***

ZB NO. \_\_\_\_\_ 4 MONTH EXP. \_\_\_\_\_ 12 MONTH EXP. \_\_\_\_\_

***INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET***

An inspection must be made by the building department within four (4) months. Applicant must notify the building department for inspections. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months.

The following inspections are required. **Three day notice for inspections is necessary.**

**Final Inspection: The finished building / electrical inspections (ready for occupancy) all construction completed.**

After the required inspections are made, a Certificate of Occupancy must be applied for prior to occupying the subject building(s). The following documents are required to be submitted after all of the work is complete:

- Final Survey (by licensed surveyor) when applicable
- Electrical Inspectors final Certificate of compliance (issued by the Town of Riverhead Electrical Inspector)
- Suffolk County Health Department Approval (if required and/or necessary)
- Plumbers Affidavit of lead content (if required and/or necessary)
- Final Floor Affidavit
- Planning Department fees receipt, when required
- Final inspection and certificate of compliance by the Fire Marshal (when applicable)
- Approvals from Department of Environmental Conservation and Conservation Advisory Council when Applicable; (i.e., when proposed construction is within 150 feet of the boundary of tidal waters, tidal wetlands, freshwater wetlands, natural drainage systems, or other watercourses)
- Dark Skies Compliance Acknowledgement, if applicable – Please review Outdoor Lighting Code, Chapter 108-246;

**The Certificate of Occupancy will be issued after a processing period of at least Seventy-two hours (72) from the time all of the required documents are submitted to this office.**

No building may be used or occupied in whole or in part, until a Certificate of Occupancy shall have been issued by the Building Inspector. (All new construction)

No building enlarged, extended or altered, or upon which work has been performed, which required a building permit, shall be occupied or used more than Thirty (30) days after completion, unless a Certificate of Occupancy shall have been issued by the Building Inspector. (All additions, alterations, etc.)

All debris created by land clearing and during construction must be removed from the property. No debris is to be used in backfill of footings and foundation or is to be buried.

**The person responsible for this site must call in for all inspections listed above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SCTM# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ZB# \_\_\_\_\_ Receipt No. \_\_\_\_\_

**Application for Electrical Inspection**

**Town of Riverhead**

(631) 727-3200 EXT. 213, 268, 283

Fax (631) 208-8039

Owner of Property: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Job: \_\_\_\_\_ Hamlet: \_\_\_\_\_

**Name of Contractor responsible for electrical installation:**

Business Name in full: \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Fax# \_\_\_\_\_

State use of premises: ☐ Residential ☐ Commercial Nature of work: \_\_\_\_\_

Exposed ☐ Concealed ☐ New ☐ Old ☐ Area of proposed construction in total square feet: \_\_\_\_\_

**Service Information:**

Temp Requested ☐

Size of Mains: \_\_\_\_\_ Feeders: \_\_\_\_\_

Service Enters Building: ☐ Overhead ☐ Underground

Application fees are made payable to the Town of Riverhead Fee \$: \_\_\_\_\_ Type Code: \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building Department as per Chapter 52 of the Code of the Town of Riverhead.

STATE OF NEW YORK COUNTY OF SUFFOLK

\_\_\_\_\_ being duly sworn deposes and says that he/she is the applicant above named.

He/She is the \_\_\_\_\_ of said owner or owners, and is duly authorized to perform or have performed the said work and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that all work will be performed in the manner set forth in this application and in the plans and specifications filed herewith.

Sworn to before me this \_\_\_\_\_ day

Of \_\_\_\_\_ 20 \_\_\_\_\_ Signature of Electrician \_\_\_\_\_

Notary Public \_\_\_\_\_

**FOR OFFICE USE ONLY**

Request Date:	Inspection	Remarks:

Town of Riverhead  
Building Department  
201 Howell Avenue  
Riverhead, NY 11901

Phone: 631-727-3200  
Ext. 213, 268 or 283  
Fax: 631-208-8039

**Dark Skies' Compliance Acknowledgement**  
Town of Riverhead Lighting Ordinance Chapter 108-246

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Address

Suffolk County Tax Map Number: 0600-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Permit No. ZB \_\_\_\_\_

I, \_\_\_\_\_, New York License # \_\_\_\_\_

☐ Electrician or ☐ Homeowner

doing business as \_\_\_\_\_  
Name of Business

residing (or doing business) at \_\_\_\_\_,

being duly sworn, depose and says that;

☐ I am the Electrician for the above referenced property; that I currently have a valid New York State Electrician's License; and

☐ I am the homeowner; and

That the Outdoor Lighting installation is complete, that said installation conforms to the provisions of Chapter 108-246 of the Riverhead Town Code and the National Electrical Code; and that I understand that the Town of Riverhead will rely on this sworn statement as a condition to issuing the Electrical Certificate of Compliance for the above described work:.

\_\_\_\_\_  
Town of Riverhead)  
County of Suffolk) ss.  
State of New York)

**Signature:** \_\_\_\_\_

False statements made herein are punishable as a class "A" misdemeanor pursuant to § 210.45 of the Penal Law, State of New York.

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public, Suffolk County, New York)